SOUTH CAROLINA DEPARTMENT OF CORRECTIONS INCIDENT REPORT

Page 1 of 1

Reporting Official (Full Name): Warden Employee ID # Location of Incident: Inmate(s)/Resident: SCDC # Age: Sex: Race: Employee(s)/Witnesses Involved: 1. Murdaugh Richard 390394	Reporting Official (Full Name): Ward Employee ID #		stitution		Date of Report: Aug 15th, 2023 (Disc) Time of Report: Approx 9:30 AM		
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Major/Responsible Authority: Responsible Authority							
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847 - Abuse of Privileges Action Taken	Major/Responsible Authority:				Responsible Authority		
	847 - Abuse of Privileges			Action Taken			
Informal Resolution					Informal Resolution		
Printed Name	Drintad Name				1		
					Administrative resolution		
	Signature:				Refer to Disciplinary Hearing		

SCDC Form 19-29A (Rev. January 2005)